

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	I					
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Total Indep	2					
Total Depend	4					
Total Claims	6					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						